U.S. Immigration and Customs Enforcement

ICE Health Services Corps (IHSC)
Enforcement and Removal Operations
Immigration and Customs Enforcement

Behavioral Health Services Guide

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Foreword

This IHSC *Behavioral Health Services Guide* supplements the following IHSC Directive:

07-02 (ERO # 11806.3), *Behavioral Health Services (Overview)*

This Guide explains concepts, assigns responsibilities and details procedures for provision of basic behavioral health services to detainees/residents (hereafter referred to as "detainee")

The intended audience is all IHSC health staff.

I. Introduction

The ICE Health Service Corps (IHSC) provides behavioral health services to detainees in multiple ways. This Guide describes detailed information on the structure of services, types of services offered, and processes involved.

II. Staff

A. Designated Behavioral Health Authority

The Chief of the Behavioral Health Unit (BHU) at IHSC Headquarters (HQ) is the designated mental health authority for all of IHSC. He or she is responsible for all behavioral health related matters and decisions throughout IHSC. He or she is also the advisor for all behavioral health matters for non-IHSC-staffed facilities and Immigration and Customs Enforcement (ICE) in general.

When the Chief of the BHU position is vacant, the Deputy Assistant Director (DAD) for Clinical Services is the authority.

B. Local Authority for Behavioral Health Services

The Health Services Administrator (HSA) designates the local behavioral health authority at the IHSC staffed facility.

C. Behavioral Health Staffing

IHSC-staffed facilities offer behavioral health services in a clinical setting on regular business days, preferably with an on-site behavioral health provider. If there is no behavioral health provider on site, tele-mental health may be used, or other staff, as noted below under "Scope of Behavioral Health-Related Services Provided by IHSC Non-Behavioral Health Staff," may provide services based on their scope of practice.

All medical facilities have continuous behavioral health coverage. This does not mean that there must be a provider on site all the time. Coverage can be through call or tele-mental health.

D. Scope of Behavioral Health-Related Services Provided by IHSC Non-Behavioral Health Staff

The table below outlines the scope of practice for non-behavioral health providers by discipline. (Note: LVN = Licensed Vocational Nurses; LPN = Licensed Practical Nurses)

Permitted:	Yes or No?	Yes or No?	Yes or No?	Yes or No?	
Behavioral Health Related Activity	**Primary Care Physicians**	**Mid-Level Providers (Non-BH)**	**Registered Nurses (Non-psychiatric)**	**LVNs and LPNs**	**Other requirements (e.g. follow-up with Behavioral health provider within 24 hours)**
Develop/approve behavioral health-related training for IHSC and detention staff	Yes* (develop)	No	No	No	* Should be approved by BHU.
Provide behavioral health-related training to IHSC staff and facility staff	Yes	Yes	Yes* (BH trained)	No	Material should be approved by BHU *Provide preapproved standardized training to staff
Provide behavioral health related patient education	Yes	Yes	Yes	Yes*	*Can deliver preprinted, or preapproved education only
Conduct pre-screenings (<2 hours upon arrival to facility)	Yes	Yes	Yes	Yes	None
Conduct initial screenings (12 hrs upon arrival to the facility)	Yes	Yes	Yes*	Yes*	*any abnormalities need to be followed up at the next provider level
Conduct transfer screenings	Yes	Yes	Yes*	Yes*	*any questions need to be followed up with the next level provider
Conduct physical exam/ BH appraisal	Yes	Yes	Yes*	No	*If trained to do this portion of physical exam (PE) (is reviewed by physician)
Conduct behavioral health sick call triage	Yes	Yes	Yes*	No	*Triage is not treatment
Conduct behavioral health sick call appointment	Yes	Yes	Yes*	No	*basic stress coping mechanisms
Conduct a routine psychiatric evaluation	Yes*	Yes**	No	No	*if tele-psych or on-site psychiatrist not available ** If tele-psychiatry is not available and mid-level has proof of training
Conduct an emergency psychiatric evaluation	Yes	Yes*	No	No	* Mid-level needs proof of training and consults with physician of BH provider
Admit a detainee to MHU for BH reasons	Yes	Yes*	No	No	*after consultation with physician or MH provider Note: all staff can place a detainee on temporary

					observation for safety reasons and then call for orders
Discharge a detainee from MHU for MH reasons	Yes	Yes*	No	No	*after consultation with physician or BH provider
Behavioral Health Related Activity	**Primary Care Physicians**	**Mid-Level Providers**	**Registered Nurses (Non-psychiatric)**	**LVNs and LPNs**	**Other requirements (e.g. follow-up with Behavioral health provider within 24 hours)**
Recommend admission to Krome Transitional Unit/Columbia Care	Yes	No	No	No	
Admit/recommend admission to other inpatient psychiatric facility	Yes	Yes*	No	No	*may recommend; admission will be done in consultation with physician or psych NP
Place detainee on suicide watch	Yes	No*	No*	No	Note: anyone can place on observation for safety until an order is received; *call for an order from physician or BH provider
Remove detainee from suicide watch	Yes	No	No	No	Note: Only a BH Provider or physician may remove from suicide watch
Develop or revise a BH treatment plan	Yes	Yes*	No	No	*may revise in consultation with physician
Provide chronic care follow-up to seriously mentally ill or developmentally disabled detainees	Yes	Yes*	No	No	* If detainee is stable
Prescribe psychiatric medications	Yes	Yes*	No	No	*may continue currently prescribed medications for continuity of care purposes, if designated by CD or physician.
Monitor/follow-up appointments for detainees stabilized on psychiatric medications.	Yes	Yes	No	No	
Monitor/follow-up appointments for detainees on psychiatric medications who are NOT stable.	Yes	No	No	No	
Place detainee in therapeutic seclusion	Yes	Yes*	Yes**	No	*in consultation with physician, psychologist or social worker **under direct order of physician, psychologist or social worker
Order involuntary psychotropic medication in MH emergency	Yes	No	No	No	

Administer involuntary psychotropic medication in MH emergency	Yes	Yes*	Yes*	Yes**	* Only after verbal order from physician (on or off-site) **Only if physician is present (on-site) and gives order

III. Notification of Behavioral Health Services Available

A. Written Notification of Services

Upon arrival to the facility, facility staff, through the Detainee Handbook, informs all detainees about accessing health services. The facility may also post sick call hours in common areas such as housing and the dining facility. Detainees can initiate requests for health services on a daily basis.

An IHSC patient education brochure, translated into multiple languages, orients detainees to the clinic and informs them how they can access mental health services. The link to those brochures is located on the S drive and within the folder: Patient Education Materials. IHSC staff should distribute this brochure to all detainees within the first 12 hours of arrival.

B. Verbal Notification of Services

IHSC nursing staff (or MLPs/ physicians) informs detainees during the intake screening process on access to behavioral health care through the sick call triage process.

IV. Behavioral Health-Related Patient Education

IHSC health care providers have access to a variety of behavioral health related patient education materials translated into many languages. Health care providers give these handouts to detainees as appropriate. Topics include: *Staying Healthy, and Sexual Assault*. Handouts can be found within the folder Patient Education Materials

V. Sick Call – Access to Care

Detainees with BH concerns, to include those in segregated housing, may request care on a daily basis through the sick call process. Sick call staff triages the request within 24 hours and follows up in accordance with IHSC Directive 03-02 – *Access to Care – Sick Call,* located within the following folder, Book 3 - Medical Care.

Health staff schedules a BH appointment, if necessary, in the Behavioral Health Resource Scheduling in the eHR under the appropriate provider's schedule.

VI. Behavioral Health Pre-Screening and Intake Screening

Pre-Screening
See form.

Intake Screening
See form.

VII. Physical Exam and Health Assessment

A specially-trained RN, MLP, or physician conducts a comprehensive medical/ behavioral health assessment within 14 days of arrival, or sooner if clinically indicated.

See Physical Exam Form (IHSC-795 A & B). The RN, physician or MLP documents the findings in the Progress Notes of the eHR.

If findings indicate a need for a comprehensive evaluation by a BH provider, the RN, physician, MLP or designee submits a referral to a BH provider. The appointment must be within 72 hours of the referral.

VIII. Referrals

Referrals for detainees in need of a behavioral health evaluation and treatment may be made at any time by health staff, non-clinical ICE personnel, or contract security staff.

Referring Staff.

Referrals from Medical Providers and Nursing Staff. Medical providers and nursing staff initiate referrals through available functions in the electronic health record (preferable method), or through other verbal or written means, to include e-mails or locally developed referral forms.

Referrals from Non-Clinical Staff. Non-clinical staff (i.e., non-clinical ICE personnel or contract security staff) may initiate referrals verbally or in writing. If verbal, the medical provider triaging the detainee documents the referral in the medical record using the Subjective, Objective, Assessment, Plan (SOAP) documentation format and initiates the referral process.

Prioritization of Referrals for Behavioral Health Evaluations.

The priority of service delivery for BH evaluations is categorized as either “Immediate” or “Routine.” The HSA, CD or designee ensures that all detainees referred for behavioral health services are appropriately evaluated.

Immediate. Detainees voicing suicidal or homicidal ideation, or who exhibit symptoms of a psychotic or thought disorder so severe that they are unable to care for themselves are deemed in need of immediate BH services and close supervision. The detainee is immediately referred to the BH provider who conducts an evaluation and documents a course of action. If no BH provider is on-site, the CD or primary care physician may conduct the evaluation, or a Mid-Level Provider (MLP) (in consultation with a psychiatrist or appropriately trained primary care physician) may also conduct the evaluation. If none of these providers are available, the RN or LVN/LPN should place the detainee under observation, on one-to-one watch, as appropriate and consult the psychiatrist or on-call provider. If not available, please refer detainees to the local emergency department for evaluation and/or treatment as indicated. Detainees determined to be in immediate need of behavioral health services, may not be housed in general population and require close supervision. See IHSC OM 16-002 *Suicide Prevention and Intervention* for more detailed information.

Urgent. Detainees presenting with active psychiatric symptoms (e.g. psychosis, depression, etc.), but are not harmful to self, others or property, are considered urgent and scheduled for an evaluation with a BH provider within 24 hours. If no BH provider is on-site, the CD or primary care physician may conduct the evaluation, or an MLP (in consultation with a psychiatrist or appropriately trained primary care physician) may also conduct the evaluation. If the detainee awaiting evaluation in deemed potentially disruptive (but not dangerous), the health care provider, in consultation with an MLP or physician, may place the detainee in the MHU for observation, until fully evaluated.

Routine. A detainee with symptoms of mental illness, who is not actively suicidal, homicidal, or impaired in the ability to function in the general population, is scheduled for an evaluation by the BH provider within 72 hours of referral. If no BH provider is on-site, the CD or primary care physician may conduct the evaluation, or a Mid-Level Provider (MLP).

IX. Behavioral Health Evaluation

If a health care provider refers a detainee for a behavioral health evaluation, the behavioral health provider conducts the evaluation within 72 hours of referral or sooner if necessary.

X. Treatment Planning

All detainees must have a treatment plan in place, developed or approved by a BH provider or primary care physician **within 3 business days** of diagnosis. The treatment plan must include directions to health care staff regarding their roles in the care and supervision of the detainee; frequency of follow-up for medical evaluation and adjustment of treatment modality; the type and frequency of diagnostic testing and therapeutic regimens; and when appropriate, instructions about adaptation to the correctional environment and medication. The treatment plan will be reviewed and revised every 90 days while the detainee is in ICE custody. Those with a chronic mental

illness are seen as prescribed in their individual treatment plans. A Mental Health Review Form (IHSC-883) should be completed monthly and forwarded to Headquarters Behavioral Health.

Documentation in Electronic Health Record

Any education or treatment delivered to the detainee must be documented in the health record.

XI. Levels of Behavioral Health Care

IHSC provides appropriate and necessary levels of behavioral health care based on the patient's symptoms. Levels of care can include: general population, medical housing units, and community hospitalizations.

General Population

Detainees with behavioral health issues may remain in general population if they are currently stable and the BH provider determines that no higher level of care is currently needed.

Medical Housing Units

Medical Housing Units (MHUs) are available at designated ICE facilities and provide care for BH patients with an identified need for higher levels of care within the confines of a secure environment. (See Directive 03-17, *Medical Housing Units*, found within folder Book 3 - Medical Care for more information on MHUs).

Krome Transitional Unit (KTU)

KTU is a 30-bed behavioral health unit, with double occupancy rooms, within the Krome Service Processing Center in Miami, Florida. The KTU provides psychiatric services, through a contractor, to detainees with sub-acute or chronic behavioral health conditions who cannot be placed in the general population but do not require acute in-patient hospitalization.

Medical providers, BH providers, and HSAs may refer detainees by contacting the IHSC BHU at IHSC HQ.

Information on criteria for referral, submission on referral, and other related information, see IHSC Directive 07-09 *Krome Transitional Unit – Scope of Care, Referrals and Admission,* found within folder Book 7 - Behavioral Health for more information.

Community Hospitalization (Inpatient Psychiatric Treatment)

IHSC health care providers attempt to stabilize detainees with mental illness within the detention facility. If treatment cannot be initiated for legal, clinical, or security concerns, or when the detainee cannot be stabilized within the detention facility, the detainee may be transported to an inpatient treatment facility. The BH provider, Clinical Director (CD), or physician may initiate hospitalization at any time.

All involuntary hospitalizations must be completed in accordance with the State law in which the facility is located.

The transfer occurs in a timely manner. Until the detainee can be transferred, he or she is safely housed and adequately monitored.

After a detainee is released from an inpatient psychiatric hospitalization, a BH provider, physician or MLP evaluates the detainee no later than the next business day.

Columbia Regional Care Center

Columbia Regional Care Center (CCRC) is a private correctional hospital located in Columbia, South Carolina that provides behavioral health services to acute/chronic mental health detainees.

Medical providers, BH providers and HSAs may refer detainees by contacting the IHSC BHU at IHSC HQ.

Transfers.

See ICE National Detention Standards
PBNDS 2011, 4.3: Y. Medical Records 4. Transfer and Release of Detainees, a. Notification of Med/Psych Alerts or Holds

XII. Behavioral Health Treatment and Prioritization

IHSC utilizes a variety of treatment options to help stabilize detainees to include talk therapy, psychotropic medications, inpatient treatment, and crisis/emergency intervention. Prioritization for provision of services is as follows, unless otherwise directed by the Health Services Administrator (HSA), CD, or Chief of the Behavioral Health Unit.

Priority 1

(1) Acute crisis intervention (suicidal, violent, or psychotic detainees).

(2) Suicide prevention program (prevention, intervention, and treatment). See IHSC Directive OM 16-002, *Significant Self-Harm and Suicide Prevention and Intervention* found within folder Book 7 Behavioral Health, for more information on the Suicide Prevention Program.

(3) Treatment of mentally ill detainees.

(4) Initial evaluation and diagnostic interview for referred detainees.

(5) Special Management Unit rounds.

(6) Behavioral health sick call requests.

Priority 2

(1) Individual or group psychotherapy and psychoeducational/psychosocial programs.

(2) Brief counseling activities.

(3) Staff training on psychological issues for medical, correctional, and ICE staff.

Priority 3

(1) Consulting with ICE staff on psychological issues concerning detainees.

(2) Patient education on behavioral health, medical, and other issues related to detention.

(3) Program development, program evaluation, and research projects.

(4) Participation in seminars, conferences, and community programs.

XIII. Tele-Psychiatry

If the facility uses tele-psychiatry for patient encounters, the psychiatrist must ensure that:

(1) the patient consents and signs a written consent form;

(2) the detainee's confidential health information is protected;

(3) his/her findings are documented; and

(4) the consultation report is integrated into the detainee's primary health care

record.

Process for Initiating Tele-Psychiatry

Referrals are made through the electronic chart or directly to the provider. Please follow eCW appointment scheduling procedures.

XIV. Psychotropic Medications

Only physicians, designated MLPs, and psychiatric nurse practitioners may authorize orders for psychotropic medications. Designation of MLP occurs after determination of competency by CD or physician.

If a detainee is admitted with a prescription(s) for psychotropic medication(s) in his or her possession or has a medical transfer summary or other documentation substantiating current treatment with psychotropic medication(s), a primary care physician or designated MLP may continue the medication until a behavioral health evaluation is conducted.

Only physicians (primary care physicians and psychiatrists) and psychiatric nurse practitioners may initiate a new psychotropic medication or change the dose of a psychotropic medication.

Informed Consent. Prior to prescribing a psychotropic medication, the physician MLP or Behavioral Health Provider obtains a separate informed consent using the *Consent for Psychotropic Medications for Adults* form IHSC-880. If the detainee is a minor, the physician obtains the consent of the parent or legal guardian using the *Consent for Psychotropic Medications for Minors* from IHSC-881.

Abnormal Involuntary Movement Scale (AIMS). The AIMS examination should be administered to all detainees entering the facility with anti-psychotic medications and all detainees prescribed these medications while in ICE custody. Physicians, physician assistants, nurse practitioners, and registered nurses can administer the examination. The examination should be administered either at the time of admission or when medications are initially prescribed. This examination should be conducted every 90 days thereafter.

Pill Line. All detainees who are on psychotropic medications, controlled substances and other designated categories of medications are placed on Pill Line in accordance with the IHSC policies on Pharmaceutical Services and Medication Management.

Continuity of Psychotropic Medications. Upon transfer to another facility, the physician or designee provides the detainee with a seven (7) day supply of medication. Upon release from ICE custody, the physician or designee provides

the detainee with up to a 30 day supply of medication as ordered by the prescribing authority and a copy of his or her complete medical record.

Patient Education. Prior to the start of psychotropic therapy, IHSC health care providers counsel detainees on the use, benefits and the potential side effects of medications. This patient education will be documented in the medical record.

XV. Forced Emergency Psychotropic Medication

Involuntary administration of psychotropic medications to a detainee can only occur when a physician has declared a psychiatric emergency with a risk of harm to self or others, and all less restrictive intervention options have been exercised without success. Such an administration complies with established guidelines, applicable laws, and occurs only under the specific and detailed authorization of a physician. See OM 16-025, *Forced Emergency Psychotropic Medication,* found within folder Book 7 Behavioral Health for more information.

Initiation of Involuntary administration of psychotropic medications. Involuntary administration of psychotropic requires authorization of a licensed clinician (CD or designee) prior to use. The written order by the licensed clinician will specify when, where, and how the psychotropic medication may be forced. The licensed clinician must document the following in the detainee's health record:

- The detainee's condition
- Threat posed
- Reason for forcing medication
- Other treatments attempted
- Treatment plan for less restrictive treatment alternatives
- Appropriate follow up care

Nursing Checks/Documentation. Follow up documentation by nursing must be in the health record within the first hour of administration and again within 24 hours.

RN or MLP Initiation in Emergency. If an RN or MLP initiates an involuntary administration of psychotropic medication in an emergency situation, it must be done after a verbal order from a physician is obtained. The RN or MLP records the verbal order in the detainee's health record within an hour of the order being given.

The Health Services Administrator or Clinical Director must notify IHSC HQ Behavioral Health Unit via email and must submit an Incident Report Form 010 to Medical Quality Management of any involuntary administration of psychotropic medications. Both must be completed within 24 hours or one business day.

XVI. Substance Abuse Difficulties, Identification and Services

Detainees with identified substance dependence or substance abuse problems receive a level of services appropriate for maintenance and stabilization, while in the custody of ICE. These services may include drug education, counseling, and monitoring.

Those detainees experiencing intense withdrawal or intoxication are referred to a medical provider, who determines a course of treatment or refers the detainee to an appropriate facility, if indicated. IHSC facilities utilize the clinical guidelines for drug and alcohol dependency that are approved by the Medical Director.

For more information, see IHSC Directive 03-13 *Detainees Diagnosed with Substance Dependence or Abuse (includes Intoxication and Withdrawal),* found within folder. Book 3 - Medical Care for more information.

XVII. Detainees at Risk for Sexual Victimization

Detainees identified as 'high risk' for sexual victimization during the intake screening process are assessed by a behavioral health provider of other qualified health care provider. Upon completion of the assessment and recommendation of the behavioral health or other qualified health care provider, detainees who are considered likely to become victims are recommended for placement in the least restrictive housing that is available and appropriate at the facility.

XVIII. Victims of Sexual Assault

See IHSC Directive 03-01 *Sexual or Physical Assault, Abuse or Neglect*, found within folder Book 3 - Medical Care for information.

XIX. Segregated Detainees and Detainees with Limited Outside Access

The IHSC BH provider conducts weekly rounds in the Special Management Unit (SMU) to evaluate the safety and mental health of all detainees held in disciplinary or administrative segregation and reports the information to IHSC HQ on a weekly basis. (This weekly round is in addition to the daily rounds conducted by health care providers.)

Report to IHSC HQ

The BH provider completes the Mental Health Segregation Smart Form within the electronic health record and assigns the completed form to the designated mental health coordinator HQ for review and electronic signature.

XX. Continuity of Care for Behavioral Health Patients

IHSC provides appropriate standards of care to maintain and stabilize detainees in preparation for repatriation or release. All BH services are developed to meet the patient's needs. Health care providers coordinate behavioral health, medical, and substance abuse services such that patient management is appropriately integrated, medical and behavioral health needs are met, and the impact of any of these conditions on each other is adequately addressed.

Monitoring of Detainees with Chronic Mental Illness.

The BH provider monitors the functioning of detainees identified as suffering from chronic mental illness. A BH provider sees detainees with chronic mental illness monthly, or more frequently if clinically indicated, as long as they remain in detention.

A physician or mid-level provider (MLP) sees those detainees on psychotropic medications at least once every 30 days for management and medication renewal, and the detainee is seen at least every 90 days by the psychiatrist or physician. If no psychiatrist or physician is on-site, the detainee should be seen through Tele-Psychiatry. If tele-psychiatry is not available, the detainee will be referred to an outside psychiatrist within the community.

Serious Mentally Ill (SMI). The BH provider reports all detainees who meet SMI criteria utilizing the Patient Report spreadsheet to HQ on a weekly basis. The BH provider completes a Mental Health Review Form (IHSC Form 883) for every patient on the Patient Report Spreadsheet at the inclusion of the patient on the list and once a month thereafter as long as the patient remains on the list. Please refer to appendices, for appropriate forms.

Communication with ICE Staff Regarding Detainees with Serious Mental Disorders or Conditions.

The BH provider completes a Mental Health Review Form (IHSC-883) when requested by the Office of the Principal Legal Advisor (OPLA) and/or the local Office of the Chief Counsel (OCC). These requests may come directly from OPLA/OCC or from HQ BHU. These requests are made officially via the OPLA Request for Medical Records Form (IHSC-007). Please see the forms at the below link:
S:\IHSC\Behavioral Health

Long-Term Chronic Care Management.

The BH provider uses clinical discretion and judgment in the management and treatment of identified mentally ill detainees. The detainee is seen monthly by behavioral health and at least every 90 days by the physician/psychiatrist. Detainees identified as acute or unstable are seen as needed, based on their symptoms and responsiveness to treatment.

XXI. Children (ages 17 or younger)

Physical Exam and Health Assessment. Comprehensive medical/behavioral assessments are completed within 24 hours of arrival for children (age 17 years or younger).

Referrals. All mental health referrals for children must be completed within 24 hours of the referral.

Treatment Planning. All children (age 17 or years or younger) must have a treatment plan in place, developed or approved by a BH provider or primary care physician within 3 business days of diagnosis. The treatment plan will be reviewed and revised every 90 days while the child is in ICE custody.

Wellness Checks. Wellness checks are conducted weekly on all children housed in family residential facilities. These checks are to address any adjustment issues the child is experiencing and/or concerns parents may have. A variety of psychoeducational groups are provided at family residential facilities. These groups are to assist with overall functioning and coping skills.

Segregation. Segregation does not apply to resident children ages 17 and under.

Victim of Sexual Assault. All children ages 17 and under involved in sexual assault allegations must be seen by medical within 24 hours of the incident. The health care provider interviews the child and determines whether the assault, abuse, or neglect will result in an emergency/urgent mental health need in collaboration with the Clinical Director (CD) and Health Services Administrator (HSA), along with the BH provider (when available). When a BH provider is not on-site, a health care provider evaluates the detainee's needs for mental health. When appropriate, the detainee is transferred to an appropriate facility for appropriate clinical level of care and assessment and to complete a forensic evaluation. Reports are required by law are filed with police agencies and child protective serves of the jurisdictions. In addition, the HSA is responsible for urgently notifying the AFOD, the Chief of Juvenile and Family Residential Management Unit (JFRMU), the facility's administrator, and the appropriate IHSC chain of command.

Suicide Prevention/Intervention. Every effort should be made to have any actively suicidal child (age 17 or younger) referred and transferred to the local hospital for evaluation and treatment as soon as possible. Until the transfer can take place, the child will be immediately placed on one-to-one continuous observation and assessed by a BHP or physician. If a BHP or physician is not available to conduct the evaluation, the child will remain on one-to-one constant observation until transferred to local hospital. The parent will accompany the child through the admission process under the supervision of ICE. The hospital determines if the parent is allowed to stay overnight; otherwise, the parent is granted visitation.

Any child (age 17 or younger) who may be potentially suicidal must be placed in the least restrictive setting or in the medical housing unit (MHU) with a one-to-one constant observation up to 24 hours until referred to the hospital or released from observation by a BHP or physician. The parent is allowed in the MHU only if their presence is not a safety issues. Medical staff must document the status of the child in observation every two hours or more frequently as determined by the BHP. Custody staff must document observations every 15 minutes.

Mental Health Related Family Separations. Family separations are always addressed on a case by case basis depending on the anticipated duration of separation and potential diagnosis. If deemed necessary local ICE administration, in coordination with security staff will devise a plan of supervision to allow the juvenile to remain in residence during temporary separation. If circumstances suggest that the juvenile will meet unaccompanied minor criteria, local ICE administration will obtain concurrence from Juvenile Family Residential Family Medical Unit (JFRMU) and ICE ERO in order to proceed with Office of Refugee Resettlement (ORR) placement.

XXII. Forensic Behavioral Health Evaluations

IHSC staff does not conduct or make referrals for Forensic Behavioral Health Evaluations unless ordered by a court of competent jurisdiction. (Note: The court may order an evaluation, but IHSC staff does not perform that evaluation. IHSC coordinates when appropriate.) If a detainee has been determined to be especially dangerous pursuant to 8 C.F.R. § 241.14 (f), then an annual Post Order Custody Review (POCR) evaluation must be performed. These forensic behavioral health evaluations are coordinated by the Headquarters Behavioral Health Unit upon request from the Enforcement and Removal Operations (ERO) POCR unit.

XXIII. Non-IHSC Staffed Facilities

In non-IHSC staffed facilities (i.e. intergovernmental service agreement (IGSA) facilities), the IHSC Field Medical Coordinator (FMC) works with facility medical staff to Identify all individuals with behavioral health concerns within his or her area of responsibility. The FMC must immediately report any major change in stability for a detainee with a serious behavioral health condition to the FOD and OCC.

XXIV. Consultative Services

IHSC behavioral health providers may serve as subject matter experts for ICE in the areas of their expertise. IHSC BH providers may also coordinate with community BH-designated teams when a determination of competence is needed for treatment and commitment.

XXV. Suicide Prevention and Intervention

See IHSC Directive OM 16-002 *Significant Self-Harm and Suicide Prevention and Intervention,* found within folder Book 7 Behavioral Health for more information.

XXVI. Procedural Meetings

IHSC staff, including HSAs and Field Medical Coordinators, participate in ICE inter-component meetings with members of ERO, the Office of the Principal Legal Advisor, and other components as appropriate to discuss detainees who have significant medical and behavioral health issues affecting continued detention, release, or removal, including acute or chronic conditions that may impact the detainee's capacity to participate in removal proceedings.

XXVII. Behavioral Health Training

The IHSC behavioral health staff, or designated medical providers, may provide the annual training topics outlined below, as directed by the clinic's Health Service Administrator or ICE staff.

Behavioral Health Training, All Personnel. (Medical and Detention)

- Suicide Prevention and Intervention
- Sexual Assault Awareness / Prevention / Intervention
- Behavioral Health and Substance Abuse Issues in Detention (recognizing the signs and symptoms of behavioral illness, acute chemical intoxication and withdrawal, violent behavior and actions required.)
- Other topics as requested by ICE staff
- Trauma Informed Approach Training

Additional Behavioral Health Training for Medical Personnel Only.

- Abuse
- Psychopharmacology
- Restraints and Involuntary Medication
- First Aid and CPR
- Others, as deemed appropriate by IHSC staff

XXVIII. Peer Review

The IHSC Behavioral Health Unit or designees conduct peer reviews on all IHSC BH Providers annually. See IHSC Directive 01-11 *Peer Review,* found within folder Book 1 - Organizational Administration for more information.

XIX. Protection of Medical Records and Sensitive Personally Identifiable Information (PII)

Staff keeps all medical records, whether electronic or paper, secure with access limited only to those with a need to know. Staff locks paper records in a secure cabinet or room when not in use or not otherwise under the control of a person with a need to know.

Staff is trained at orientation and annually on the protection of a patient's medical information and Sensitive PII.

Only authorized individuals with a need to know are permitted to access medical records and Sensitive PII.

Staff references the Department of Homeland Security *Handbook for Safeguarding Sensitive PII* (Handbook):at (b)(7)(E) [redacted] when additional information is needed concerning safeguard sensitive PII.

Explanation Form
Availability of Healthcare Program
ICE HEALTH SERVICE CORPS
TEMPLATE

A#: *000 000 000*
Name on case: *John Smith* Country of Origin: *Colombia*
Person with medical condition: *same as above*
DOB: *00/00/0000*

Diagnosis/Reason for Medical Care: *lymphoma, venous obstruction, retroperitoneal swelling, rule out cellulitis, penile necrotic abscess*

Medications: *Dilaudid 4 mg via IV (patient requesting additional pain medication). Antibiotic, Bactrim DS taken by mouth daily, and levonox to prevent blood clots*

Treatment/Care	Available	Not Available	Comments
Chemotherapy treatment, radiation, and surgery	YES		Cancer centers with oncologist, radiologist, pulmonologists, and surgeons are located in Colombia